



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9211

<b>SERIAL NUMBER</b> 09/549,972	<b>FILING DATE</b> 04/14/2000 <b>RULE</b>	<b>CLASS</b> 297	<b>GROUP ART UNIT</b> 3635	<b>ATTORNEY DOCKET NO.</b> M-8227US
<b>APPLICANTS</b> Charles Bluth, Incline Village, NV; James Bluth, Verdi, NV; Raymond G. Bryan, Reno, NV; Jim C. Lovell, Sparks, NV;				
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/26/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 26
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 24251				
<b>TITLE</b> HEALTH CARE KIOSK WITH HANDICAPPED ACCESSIBLE SEAT				
<b>FILING FEE RECEIVED</b> 928	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>SERIAL NUMBER</b> 09/549,972	<b>FILING DATE</b> 04/14/2000 <b>RULE</b> -	<b>CLASS</b> 297	<b>GROUP ART UNIT</b> 3636	<b>ATTORNEY DOCKET NO.</b> M-8227US	
<b>APPLICANTS</b> Charles Bluth, Incline Village, NV; James Bluth, Verdi, NV; <b>** CONTINUING DATA **</b> <i>None</i> <b>** FOREIGN APPLICATIONS **</b> <i>None</i> <b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 06/26/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Ch. Koestner</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Ken J Koestner Skjerven, Morrill, MacPherson, Franklin & Friel 25 Metro Drive Suite 700 San Jose, CA 95110-1349					
<b>TITLE</b> Health care kiosk with handicapped accessible seat					
<b>FILING FEE RECEIVED</b> 928	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit		